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Equal Access, Equal Care: The Fight for Transgender-Inclusive Health Insurance Policies

After President Obama signed the Patient Protection and Affordable Care Act (PPACA) into law, the general public, special interest groups, and legislators went into a frenzy. What did this new bill mean for the state of health care and health insurance in this country? The transgender community took special notice of this health care reform. President Obama's signing of PPACA ignited the flames of possibility for trans-inclusive health insurance expansion, symbolizing a pivotal moment for advocates to solidify the fight for legal health protections for trans people. The necessity of trans-specific health care reform results from the disproportionate health disparities in both wellness and access to care that trans people face. Misinformation about trans-specific health care contributes to this lack of access, perpetuated by numerous sociocultural and political forces that shape the conversation and define the scope of trans-inclusive health reform. These viewpoints inform the legislative efforts which have real impacts on trans people's lives and their health status. This report aims to describe the necessity of trans-inclusive health insurance, the key players shaping the issue, the history and current state of trans-inclusive health legislation, and recommendations on where the fight should go from here.

Background: Why is Trans-Inclusive Health Insurance Necessary?

Health insurance reform greatly impacts the trans community because the current health care system fails to meet trans people's needs. According to data from the National Transgender

Discrimination Survey (NTDS), the trans community disproportionately faces barriers to employment and worse life outcomes overall when compared to the general population. Trans individuals are four times more likely to report annual income below $10,000.[1] Ninety percent (90%) of respondents reported experiencing harassment, discrimination, and mistreatment on the job, and forty-seven percent (47%) experienced an adverse job outcome, such as being fired, not being hired, or denied a promotion because of their gender non-conformity.[2] These adverse job outcomes contribute to the high rates of poverty in the trans community that can often impede access to health insurance and health care services. Nineteen percent (19%) of the study's participants lacked any health insurance, compared to 17% of the general population.[3] Among the general public, 1in 3 Americans with health insurance face difficulties paying out-of-pocket medical expenses.[4] However, when asked if they had delayed medical care for any reason, 41% of trans respondents said that they could not pay the medical fees.[5] These barriers to health care access perpetuate disastrous health outcomes, intensifying health disparities for members of the trans community. The NTDS connects the key health issues affecting trans and gender non-conforming people, such as HIV/AIDS, physical and sexual violence, suicide, and substance abuse, to the inability of trans people to get access to the primary, preventive, and specialized care that they vitally need.

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[1] Jaime Grant et. al, *Injustice at Every Turn: A Report of the National Transgender Discrimination Survey* (2011), available at http://www.thetaskforce.org/downloads/reports/reports/ntds_full.pdf.

[2] Ibid.

[3] Ibid.

[4] Karen Pollitz and Cynthia Cox, "Medical Debt Among People With Health Insurance" (2014), available at http://kff.org/private-insurance/report/medical-debt-among-people-with-health-insurance/.

[5] Jaime Grant et. al, *Injustice at Every Turn: A Report of the National Transgender Discrimination Survey*.

This portrait of trans health disparities only begins to describe the two-fold trans experience of health insurance. First, insurance policies deny trans people coverage for sex-specific primary or preventive care treatments, such as hormones, Pap smears, pregnancy care, prostate exams, and mammograms. Insurers deny coverage because the patient's legal sex marker may not align with the sex marker associated with the procedure. Most insurers use a computer-matching program that only permits coverage for services if the sex markers match "as a means of preventing mistakes and fraud in billing."[6] This anti-fraud mechanism may unintentionally deny coverage claims for procedures that trans people need. For an example, a trans man assigned female at birth may have updated his insurance account to reflect a male sex marker. However, when he needs gynecological care, insurers deny coverage for his exam because insurers will only cover OB/GYN care for people with female sex markers. Thus, trans health exclusions occur when insurance providers cover sex-specific procedures for cisgender (non-trans) people but do not cover them for transgender people. In the example, an insurer would provide OB/GYN coverage for someone with a female sex marker but deny the same coverage for someone with a male sex marker who still needs access to those services.

Secondly, insurance policies deny coverage for transition-related care, defined as any care that an individual may undergo to feel comfortable in their gender. Transition-related care can include hormone therapy, mental health services, and various surgical procedures. The general public often thinks of transition-related care as limited to genital reconstruction surgery. Instead, transition-related surgeries encompass a variety of needs for trans people to ease the gender dysphoria they may feel. According to Aetna, these surgical procedures can include:

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[6] National Center for Transgender Equality, "Medicare and Transgender People" (2014), available at http://transequality.org/PDFs/MedicareAndTransPeople.pdf.

mastectomy, hysterectomy, breast augmentation, liposuction, tracheal shave, laser hair removal, phalloplasty, vaginoplasty, and face feminization surgery.[7] This list is illustrative, not exhaustive as countless of procedures may ease the disconnect that trans people may feel between their gender identity and their body.

Arguments: Who is shaping the conversation and legislation?

The scope of trans-inclusive health insurance broadens far beyond the individual experiences of trans people. External forces—LGBTQ organizations, medical organizations, conservative commentators, and insurance providers—shape the conversations that lead to legislative changes and play important roles in affirming or denying the expansion of trans-inclusive health insurance.

LGBTQ organizations and medical institutions largely advocate for expanding health insurance to remove trans health exclusions and to cover transition-related care. LGBTQ organizations frame this issue through a social justice lens as one that enhances access to health care services and reduces negative life outcomes for trans people. For example, the Sylvia Rivera Law Project (SRLP), an organization that provides social, health, and legal services for low-income people and trans, intersex, or gender non-conforming people of color, released a fact sheet that outlines the overall health benefits and health care cost savings of providing hormones and surgeries for trans folks. SRLP found that giving trans people access to transition-related care decreased rates of anxiety, suicide, suicidal ideation, and substance abuse while improving overall mental health improved and increasing HIV-positive transgender folk's compliance with

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[7] Aetna, *Clinical Policy Bulletin 0615: Gender Reassignment Surgery* (2014), available at http://www.aetna.com/cpb/medical/data/600_699/0615.html.

their care regimen.[8] Additionally, providing trans people with access to critical transition-related care reduced the likelihood of self-administering hormones and silicone bought on the streets in lieu of prescription medication.[9]

Medical organizations frame their views through a more clinical lens, finding transition-related care medically necessary for trans individuals who choose to utilize it. The American Medical Association (AMA) and the American Psychological Association (APA) released statements of support, urging insurance providers to "recognize the efficacy, benefit and medical necessity of gender transition treatments for appropriately evaluated individuals and calling upon public and private insurers to cover these medically necessary treatments."[10] The American Psychiatric Association, the American College of Obstetricians and Gynecologists, the American Association of Clinical Endocrinologists, and the World Professional Association for Transgender Health (WPATH) also join the AMA and the APA in supporting transition-related coverage. WPATH, a trans-focused medical organization, created the "Standards of Care for the Health of Transsexual, Transgender, and Gender Non-Conforming People." The Standards of Care, a set of flexible clinical guidelines, aim to standardize and improve care that medical providers deliver to trans patients by providing a model for providers to guide their treatment decisions for transgender patients and explain the necessity of transition-related treatment.[11]

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[8] Sylvia Rivera Law Project, "Eliminating the Medicaid Exclusion for Transition-Related Care in NYS: Good Public Health, the Right Thing to Do and Ultimately a Cost-Saving Measure," available at http://srlp.org/files/Health%20Costs%20Final%20Memo.pdf.

[9] Ibid.

[10] American Psychological Association, "Transgender, Gender Identity, & Gender Expression Non-Discrimination" (2008), available at http://www.apa.org/about/policy/transgender.aspx.

[11] World Professional Association for Transgender Health, "Standards of Care for the Health of Transsexual, Transgender, and Gender Non-Conforming People, Version 7" (2011), available at http://www.wpath.org/uploaded_files/140/files/IJT%20SOC,%20V7.pdf.

WPATH's Board of Directors and general membership released a public statement in 2008 urging health insurance providers worldwide to eliminate transgender exclusions in primary and preventive care and provide coverage for transition-related care.[12]

Conversely, conservative commentators tend to center their opposition to trans health care coverage around the idea that transition-related treatments constitute "special care." A joint video series by the Human Rights Campaign and Pride at Work, "Debunking the Myths: Transgender Health & Well-Being," addresses the harmful impact that the "special rights" argument has on trans health. Director of community engagement for Casa Ruby, Joanna Maria Cifredo, remarks, "If you want to utilize the word special, every person has special needs…Your medical care may not be the same as someone else's, but that doesn't make your medical care any less legitimate than someone else's."[13] Much conservative opposition to transgender rights couples the "special rights" framework with situating gender non-conforming children as victims of entities that grant these rights. Conservatives argue that parents should not administer hormone blockers to their children to delay puberty based on the child's experiences of gender nonconformity. While conservatives generally tend to favor parental rights, this view dramatically shifts when situated within an LGBTQ context. Anita Bryant's 1977 "Save Our Children" campaign could potentially describe the historical context for this present-day shift. Bryant founded "Save Our Children" to oppose the passage of a gay-rights ordinance in Dade County, Florida, arguing that because "homosexuals" cannot reproduce that they must recruit

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[12] World Professional Association for Transgender Health, "WPATH Clarification on Medical Necessity of Treatment, Sex Reassignment, and Insurance Coverage for Transgender and Transsexual People Worldwide" (2008), available at http://www.wpath.org/site_page.cfm?pk_association_webpage_menu=1352&pk_association_webpage=3947.

[13] Human Rights Campaign, "Myth #4: Transgender Healthcare is 'Special Care'" (2014), available at http://youtu.be/_dp7aTfKwG4?list=PLstyCKmnMAyaousBw9JnKcGdCMkQZraG3.

children.[14] "By focusing on the idea that gays and lesbians were somehow threatening to children, Bryant had created an incredibly powerful rhetorical focus for social conservatives,"[15] details a PBS article on the formation of an opposition movement to the gay rights movement. Fox News co-host Laura Ingraham used this rhetorical device when she equated providing hormone blockers to children as "child abuse," further perpetuating the myth that gender non-conforming children are just "seeking attention."[16] The socially conservative framework relies on discussing LGBTQ issues, including transgender-inclusive health insurance, as "special rights" that harm children and, consequently, society as a whole.

While conservative commentators tend to conform to an opposing view of LGBTQ organizations and medical institutions, insurance providers do not explicitly fall on either side of the issue. Through their coverage decisions, insurance providers play an integral role in providing or preventing access to transition-related care. Insurance carriers like Aetna, Blue Cross Blue Shield, Cigna, Kaiser Permanente, and UnitedHealthcare offer only a handful of trans-inclusive health insurance plans.[17] Even though these insurers dominate the market, not every plan sold by these insurers includes coverage for all transition-related care procedures. For example, American University's Student Government passed the Transgender Respect at American Needs to Spread and Guarantee Everyone Non-Discrimination and Equal Rights

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[14] Neil Miller, *Out of the Past: Gay and Lesbian History from 1869 to the Present* (1995), available at http://www.pbs.org/outofthepast/past/p5/1977.html.

[15] Ibid.

[16] Media Matters, "Laura Ingraham: It's 'Child Abuse' to Give Transgender Kids Hormone Therapy" (2014), available at http://mediamatters.org/video/2014/08/06/laura-ingraham-its-child-abuse-to-give-transgen/200338.

[17] Andrew Cray and Kellan Baker, "FAQ: Health Insurance Needs for Transgender Americans" (2012), available at http://www.americanprogress.org/issues/lgbt/report/2012/10/03/40334/faq-health-insurance-needs-for-transgender-americans/.

(T.R.A.N.S.G.E.N.D.E.R.) Health Care Bill on March 3, 2013.[18] Introduced by Senator Sarah McBride, the bill urges that the university provide students with a health insurance plan containing insurance benefits for transition-related care.[19] As a result, American University now offers their student health insurance plans through UnitedHealthcare, which covers some transition-related care, but not all. American University's UnitedHealthcare plan covers office visits, lab work, medications, and hormone therapy under the sickness, injury, and mental health benefit of the plan.[20] However, this plan only covers double mastectomy and genital reconstruction surgical procedures, leaving out a large portion of necessary treatments.[21] UnitedHealthcare does not cover breast augmentation, facial bone reduction, liposuction, or voice modification surgery, because the insurance policy defines them as cosmetic.[22]

Many insurers cite cost as the reason for not covering the entirety of transition-related procedures. This stance results from the prevailing myth that providing access to hormones and surgeries for transgender people raises health insurance premiums and hurts small businesses.[23] Contrary to this argument, studies and research undertaken by state insurance departments say otherwise. In 2001, the City of San Francisco decided to cover transition-related care for all city employees. Due to inflated projections of how many trans city employees would utilize this

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[18] Rosemary Cipriano, "Senate Passes Bill for More Transgender Rights" (2013), available at http://ausg.org/about/news/page/12/.

[19] Ibid.

[20] UnitedHealthcare, "Student Injury and Sickness Insurance Plan" (2014), available at https://www.uhcsr.com/uhcsrBrochures/Public/ClientBrochures/2014-101-1%20PWB%20NOC%204.pdf.

[21] Ibid.

[22] Ibid.

[23] Human Rights Campaign, "Myth #2: Providing Transgender-Inclusive Benefits is Prohibitively Expensive for Companies" (2014), available at http://youtu.be/DLWKSHJUyc8?list=PLstyCKmnMAyaousBw9JnKcGdCMkQZraG3.

benefit, premiums "initially increased by $1.70 per beneficiary per month to cover these services."[24] After insurers collected over 15 times the amount of money needed to provide transition-related care to beneficiaries, providers dropped the premium entirely, which showed that covering transition-related care has no long-term effect on increasing premiums.[25] In 2012, the California Department of Insurance released a brief summarizing the economic impact of providing transition-related care and eliminating trans health exclusions from state insurance plans, finding that the small size of the trans population meant that very few people utilized transition-related care benefits. The study found that ending gender identity-based discrimination in insurance plans "will cost little or nothing in the short run and may produce longer-term cost savings and improved health benefits for transgender people."[26] The AMA supported this sentiment, saying that denying transition-related care, which can potentially serve as a treatment for other health problems, could actually contribute to inflated health care spending. "Delaying treatment for [Gender Dysphoria] can cause and/or aggravate additional serious and expensive health problems, such as stress-related physical illness, depression, and substance abuse problems," states the AMA in a Lambda Legal fact sheet.[27] While providing transition-related care may slightly increase insurance premiums in the short-term, the evidence suggests that

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[24] Sylvia Rivera Law Project, "Eliminating the Medicaid Exclusion for Transition-Related Care in NYS: Good Public Health, the Right Thing to Do and Ultimately a Cost-Saving Measure."

[25] Ibid.

[26] State of California Department of Insurance, "Economic Impact Assessment: Gender Nondiscrimination in Health Insurance" (2012), available at http://transgenderlawcenter.org/wp-content/uploads/2013/04/Economic-Impact-Assessment-Gender-Nondiscrimination-In-Health-Insurance.pdf.

[27] Lambda Legal, "Transition-Related Health Care," available at http://www.lambdalegal.org/sites/default/files/publications/downloads/trt_transition-related-health-care_3.pdf.

providing these benefits will not impact or could even reduce overall health care expenditures in the long-term.

Legislation

The arguments detailed above provide background into the actual implementation of legislation to address trans-inclusive health insurance. Every player, from LGBTQ movement leaders to conservative commentators that work in Congress, influences the implementation of state and federal laws. The most notable intersection of these interest groups exists within the context of the Patient Protection and Affordable Care Act (PPACA). PPACA prohibits insurance providers from denying coverage for policy holders with pre-existing conditions. PPACA established "a temporary high risk health insurance pool program to provide health insurance coverage for eligible individuals during the period beginning on the date on which such program is established and ending on January 1, 2014."[28] The Preexisting Condition Insurance Plan (PCIP) provided short-term insurance coverage for those refused coverage by insurers because of a preexisting condition exclusion, or those who had their premiums raised as a result of their condition.[29] Beginning in January 2014, PPACA furthered this immediate expansion of coverage by asserting that health insurance issuers can no longer raise premiums, exclude treatment services, or deny coverage based on an individual's past or current medical history, including any pre-existing conditions.[30] The elimination of the pre-existing condition exclusion opens up

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[28] Patient Protection and Affordable Care Act, Pub. L. No. 111-148, H.R. 3590, 124 Stat. 119 § 1101 (2010), available at http://www.gpo.gov/fdsys/pkg/PLAW-111publ148/pdf/PLAW-111publ148.pdf.

[29] Krista Anderson and Gerard Anderson, "Pre-existing condition coverage post-health reform" (Johns Hopkins Bloomberg School of Public Health, 2010), available at http://www.hpm.org/en/Surveys/Johns_Hopkins_Bloomberg_School_of__Publ._H_-_USA/16/Pre-existing_condition_coverage_post-health_reform.html.

[30] P.L. 111-148 § 2704 (2010).

access for trans people denied on their diagnosis. In order for trans people to access medically-necessary hormones and transition-related surgical procedures, they must undergo a mandatory psychiatric evaluation to receive a diagnosis of gender identity disorder (Diagnostic and Statistical Manual-IV) or gender dysphoria (DSM-V). PPACA's passage now prohibits health insurers from denying coverage to trans individuals on the basis of their diagnosis.[31]

In addition to mandating that insurers cannot deny coverage to those with pre-existing conditions, PPACA also includes broad non-discrimination protections. Section 1557 of PPACA prohibits any health program receiving federal funds from denying benefits or discriminating against individuals "on the grounds prohibited under title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d et seq.), Title IX of the Education Amendments of 1972 (20 U.S.C. 1681 et seq.), the Age Discrimination Act of 1975 (42 U.S.C. 6101 et seq.)."[32] Because of this extensive non-discrimination clause, insurance providers cannot deny subsidies, credits, or insurance contracts based on the characteristics legally protected within this legislation.[33] The Department of Health and Human Services' Office for Civil Rights (OCR) confirmed that the prohibitions evident in Title IX extend to protect people who file claims of discrimination "based on gender identity or failure to conform to stereotypical notions of masculinity or femininity."[34] OCR further clarified that the nondiscrimination clause also prohibits discrimination on the basis of actual and/or perceived sexual orientation or gender identity.[35] This regulatory ruling means that a trans person

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[31] Alex J. Davidson, "How Obamacare Will Affect Trans Folks and Families," (The Advocate, 2013), available at http://www.advocate.com/politics/transgender/2013/11/01/how-obamacare-will-affect-trans-folks-and-families.

[32] P.L. 111-148 § 1557 (2010).

[33] Ibid.

[34] Leon Rodriguez, "HHS Response 1557 7 12 12" (U.S. Department of Health and Human Services, 2012), available at https://www.scribd.com/doc/102169872/HHS-Response-1557-7-12-12.

[35] Ibid.

covered under a plan purchased through a state exchange can file an appeal if their insurer denies them coverage for a sex-specific procedure.[36]

PPACA continues to serve as a catalyst for changing other federal programs and state legislation to expand health care access for trans people. Because of the precedent set by PPACA's expansion of coverage to trans people and pressures from LGBTQ organizations, Medicare and the Federal Employee Health Benefits (FEHB) program also expanded access to insurance for trans individuals. In May 2014, the U.S. Department of Health and Human Services Departmental Appeals Board (DAB) announced that it had overturned the 1989 Medicare ban on coverage for transition-related surgeries, because the exclusion was "based on outdated, incomplete, and biased science, and did not reflect contemporary medical science or standards of care."[37] The exclusion's removal ensures that insurance providers cannot automatically deny claims of coverage for transition-related procedures; rather, trans policyholders "should either get coverage or, at a minimum, receive an individualized review of the medical need for the specific procedure they seek."[38] The option for individualized reviews allows health insurers to treat requests for transition-related care coverage like all other Medicare service requests.[39]

Shortly after Medicare's announcement, the U.S. Office of Personnel Management (OPM) sent a letter to FEHB carriers explaining that they will allow insurers to remove the

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[36] Ibid.

[37] Ibid.

[38] American Civil Liberties Union, "ACLU Statement on Final Ruling Invalidating Medicare Ban on Healthcare for Transgender Patients" (2014), available at https://www.aclu.org/lgbt-rights/aclu-statement-final-ruling-invalidating-medicare-ban-healthcare-transgender-patients.

[39] National Center for Transgender Equality, (2014).

exclusion of drugs, supplies, and transition-related procedures starting in the 2015 plan year,[40] potentially allowing transgender federal employees to access mental health services, hormones, and any transition-related surgical procedures. This provision does not mean that insurers will be required to offer coverage for transition-related services but rather now have the option to do so. According to a Politico blurb, only three available FEHB plans—Aetna, the Foreign Service Benefit Plan and Kaiser Permanente—have presently expanded their access in this regard,[41] still leaving countless federal employees without access to transition-related care.

While PPACA, Medicare, and FEHB broadened access at the federal level, states have exercised their authority to broaden their coverage as well. Seven states—Oregon, California, Colorado, Connecticut, Massachusetts, Vermont, Washington—and the District of Columbia currently require private insurers to remove transgender exclusions in their coverage plans.[42] Massachusetts Commissioner of Insurance Joseph G. Murphy issued guidance for private health insurers based on PPACA's non-discrimination clause, noting that any denial of of coverage "for gender identity or gender dysphoria-related treatment will be considered prohibited sex discrimination."[43] Other states, like Oregon, removed exclusions from their state Medicaid programs to make them trans-inclusive. Oregon's Health Evidence Review Commission (HERC) —the overseeing body of Oregon's Medicaid program—approved coverage of hormonal and

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[40] John O'Brien, Letter No. 2014-17 (U.S. Office of Personnel Management, 2014), available at http://www.opm.gov/healthcare-insurance/healthcare/carriers/2014/2014-17.pdf.

[41] Paige Winfield Cunningham, *Politico Pulse* (Nov. 11, 2014), available at http://www.politico.com/politicopulse/1114/politicopulse16052.html.

[42] Rachel DeCruz, "Frequently Asked Questions on Washington Insurance Commissioner Letter on Transgender Healthcare" (Coalition for Inclusive Healthcare, 2014), available at http://www.thestranger.com/images/blogimages/2014/06/25/1403733545-cfihc_faq_on_oic_updated.pdf.

[43] Joseph G. Murphy, Bulletin 2014-03 (Commonwealth of Massachusetts Office of Consumer Affairs and Business Regulation, 2014), available at http://www.mass.gov/ocabr/docs/doi/legal-hearings/bulletin-201403.pdf.

surgical care for trans Oregonians in the Oregon Health Plan (OHP) earlier in 2014.[44] Additionally, the OHP contains the Medicaid 1115 waiver (also known as OHP2), which allows the state to deny coverage for cost ineffective treatments to reduce total Medicaid spending overall.[45] OHP's coverage of transition-related procedures instead of denying them through OHP2 rebuts the argument that transition-related care is cost ineffective and unnecessary.

Even though these state legislative provisions will prevent insurers from denying coverage to certain populations outright, insurers may scrutinize the medical necessity of certain interventions and refuse coverage for those that they deem medically unnecessary.[46] Even though trans individuals may gain access to health insurance, they may still face strict restrictions on access to care in the form of increased scrutiny at the discretion of individual insurance providers acting as gatekeepers to care.[47]

Recommendations

Though advocates and legislators have made tremendous strides in providing trans-inclusive insurance, the fight rages on. These recommendations do not encapsulate the entirety of the work that remains; rather, they act as primary steps that policymakers and movement leaders can incorporate in their efforts to secure health care coverage for the most marginalized and underserved within the trans community:

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[44] Basic Rights Oregon, "FAQ on Oregon Health Plan Coverage for Gender Dysphoria" (2014), available at http://www.basicrights.org/resources/faq-on-oregon-health-plan-coverage-for-gender-dysphoria/.

[45] Michael Miller, "Waiver Watch Issue Brief #3: Oregon Health Plan 2" (2003), available at http://www.communitycatalyst.org/doc-store/publications/waiver_watch_issue_brief3_oregon_health_plan2_jan03.pdf.

[46] Liza Khan,"Transgender Health at the Crossroads: Legal Norms, Insurance Markets, and the Threat of Healthcare Reform," *Yale Journal of Health Policy, Law, and Ethics*: Vol. 11: Iss. 2, Article 4 (2011), available at http://digitalcommons.law.yale.edu/yjhple/vol11/iss2/4.

[47] Ibid.

- States should use HHS's interpretation and application of PPACA's through Title IX to ensure that insurance exchanges and state Medicaid programs cannot deny coverage to or discriminate against transgender people. Sixteen states that protect against discrimination in public accommodations on the basis of sex or gender identity can use Oregon's interpretation of PPACA's non-discrimination clause to protect against discrimination in their individual state Medicaid programs and insurance exchanges.[48]
- WPATH and medical institutions should collaborate to standardize a comprehensive list of transition-related procedures that insurers should cover if they say they cover sexual reassignment surgery, gender-affirming surgery, or transition-related surgery. These organizations should advocate for coverage of services like vocal therapy, which are not surgical, but may not be covered under a therapy provision.
- In the absence of Medicaid or private insurance plans that cover transition-related care, national, state, and local LGBTQ organizations should set up subsidy or grant programs for people who live in states that do not cover these services. Currently, only the Jim Collins Foundation (JCF) provides financial assistance for surgeries to low-income trans people. However, due to limited funding, JCF can provide only a handful of scholarships to trans people every grant cycle.[49] LGBTQ organizations should either promote JCF to increase funds, or use JCF as a model to create subsidy programs that can give financial assistance to low-income trans people nationwide.

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[48] Andrew Cray, "Every State Can Implement Transgender-Inclusive Health Coverage," (Center for American Progress, 2013), available at http://www.americanprogress.org/issues/lgbt/news/2013/02/15/53599/every-state-can-implement-transgender-inclusive-health-coverage/.

[49] The Jim Collins Foundation, "FAQ," available at http://jimcollinsfoundation.org/faq/.

Health care access and insurance coverage are vital aspects of any individuals' life, regardless of their gender identity. Advocates, legislators, and movement leaders have worked towards reforming health care to ensure access for the most marginalized in society, even when coming up against stringent opposition. Creating safe and affordable health coverage for trans people should not involve of politics or morals. Reforming the system means expanding access, improving health, and bridging equity gap between the trans community and the general public. It's a matter of standing in solidarity with marginalized communities to create a healthier society —empowering people to be their whole selves, enabling them to be healthy, and giving them the tools to get covered.

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